



Somerset Local Safeguarding Children Board and
Somerset Drug and Alcohol Partnership

Somerset Hidden Harm Strategy

2011 – 2013

Final Version

Ratified by Somerset Drug and Alcohol Partnership on 6th May 2011

Ratified by Somerset Local Safeguarding Children Board on 6th July 2011

Executive Summary

This strategy commits Somerset Local Safeguarding Children Board (LSCB), Somerset Drug and Alcohol Partnership (SDAP) and Somerset Children's Trust (SCT) and all of their partners and stakeholders to improving the outcomes for both the children and young people who are affected by a parents or carers drug or alcohol misuse and the drug/alcohol misusing parent (s).

It aims to achieve service improvement through:

- the collection and collation of intelligence relating to substance misuse and its impact on families, on practice and on improvement in outcomes by 2013.
- increased awareness of the issues through information and training both for staff working in all services and parents and children
- increased joint work between children & family services and drug and alcohol treatment services

The recognition that the harms to children of drug and alcohol misusing parents are significant and enduring is central to this strategy. These children and young people come into contact with services but often their needs are 'hidden' in relation to the impact of drugs/alcohol until they require specialist interventions either as children or adults.

Introduction

It is estimated nationally that 1 million children are affected by parental drug misuse and 3.5 million by parental alcohol misuse¹. The impact of parental substance use on children is considerable and well documented²; of particular concern is the negative impact on children's development because of the impact that parental substance misuse can have on parenting, family relationships and family life. On the other hand, there is evidence that children are not always as adversely affected by parental alcohol or drug problems as might be expected. Increased recognition is being given to a set of protective factors and processes, constituting a dynamic process usually referred to as 'resilience', which, if present, can buffer children against the negative effects of parental substance misuse and minimise the risk of negative outcomes. Reducing risk and promoting resilience are therefore important components of the services which are needed by these children.

¹ Manning V, Best D, Faulkner N & Titherington E (2009). New estimates of the number of children living with substance misusing parents: results from UK national household surveys. *BMC Public Health*, 9: 377.

² For a detailed summary of the research see Section One: Background in Templeton L, (October 2010) Evaluation of the Pilot HHYPE Groups in Somerset: Helping Young People who are Affected by Parental Substance Misuse.

In 2008, Somerset DAAT commissioned Evidence Base Ltd to conduct a study of Hidden Harm research, policy and practice³. The principal aim of this study was to gather sufficient evidence to enable the Somerset DAAT to develop a local strategy to identify and tackle Hidden Harm within the county. This work included an audit by partner agencies of the current position locally against the 48 recommendations set out in the ACMD 2003⁴ report. This work triggered a number of developments including establishing the substance misuse specialist midwife role and piloting a group support programme for children of substance misusing adults.

It also agreed the following definition of hidden harm as:

“Parental substance misuse (drugs and alcohol) and its actual and potential effects on children”.

As part of the work linked with this strategy substance misuse refers to:

“The misuse of drugs or alcohol with serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature of users and those around them”.

Both of these definitions are based on the ACMD work but wanted to be explicit that it also included alcohol as much as illicit drug use.

In November 2009 Department for Children, Schools and Families (DCSF), Department of Health (DH) and National Treatment Agency for Substance Misuse (NTA) published joint guidance on the Development on Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services. This set out a series of actions for both drug and alcohol treatment services and children, parenting and family services.

This formed the focus of the 2010/11 objective in the DAAT adult treatment plan which was ‘to ensure that an effective co-ordinated response to the Hidden Harm agenda is in place in Somerset’. The objective set out to develop a Somerset strategy for safeguarding the welfare of the children of drug misusing parents by using the national joint guidance as a framework but to also include:

- Reviewing & updating the existing Multi-Agency Protocol for working with substance misusing parents
- Undertaking an additional piece of needs assessment work to establish a baseline position for Somerset in relation to safeguarding children and substance misusing parents.

To achieve this, a fixed term joint DAAT/LSCB/ Somerset Children’s Trust working group was established. The Hidden Harm Working Group is made up of

³ Collins, S [Evidence base Ltd] (2008) Hidden Harm: Identifying a Way Forward for Somerset.

⁴ Advisory Council on the Misuse of Drugs (2003) Hidden harm – Responding to the needs of children of problem drug users

representatives from: Somerset Drug and Alcohol Action Team, Somerset Local Safeguarding Children Board, Somerset Children's Trust, Think Family/Parenting Strategy, Turning Point Drug & Alcohol Service, Somerset NHS.

Hidden Harm in Somerset

In 2010 the DAAT began using the Partnership Intelligence Unit - PIU (a joint NHS, SCC and Police initiative) to undertake its data analysis for it. As part of its work for 2010/11 the DAAT asked the PIU to take on the work to scope the size of the issue for Somerset in place of using national estimates and applying it to Somerset population.

Initial work to trawl data sources proved unsuccessful with no organisations having an easy way to draw off their caseload systems the number of adults or children they were working with who are substance misusing parents or the children of these adults. As such a different approach was taken to conduct a caseload count over a specific week across identified organisations. This asked organisations to provide information based on households on their caseload where there were children living in a home where there were adults misusing drugs or alcohol. It included households even if the children live there only part-time, or a substance misusing adult only lives there part-time. Solely for the purpose of the PIU to produce accurate estimates, data was asked for at postcode level to allow to match up records across agencies.

A number of organisations were asked to undertake the audit examining their caseload between 16/09/2010 and 23/09/2010.

The first audit was carried out in two parts:

- By reviewing caseloads of key partners agencies during the week of 16th September 2010 to identify households where children were living, either full- or part-time with adults who are misusing substances.
- By reviewing the caseload of Turning Point - as they were not able to provide personalised data to use alongside the rest of the agency data collected.

Key findings from the key partners (non-substance misuse specific) caseload review element of the audit:

- A total of 433 children were identified in Somerset who live with an adult who is either currently misusing drugs or alcohol, or has been known to use in the past with their current status uncertain. This equates to 242 households. We believe that this will be an under-estimate as, despite wishing to participate, some agencies were not able to contribute data within the timeframe for the case audit.
- 271 of these children are living in households where **all** the adults are **currently** misusing drugs and/or alcohol; and 118 of the children are living in multi-adult households where one of the adults is not currently misusing drugs and/or alcohol.

- Of the 242 households identified, there was a wide age distribution of children. Interestingly, more under fours than might be expected have been identified (28% of the total). 26 children are under the age of 1, but there are more 3 year olds than any other age group.
- The majority (84%) of children identified in the audit lived in the household full-time.
- Just over 1 in 4 children (122) live in a single-child household. It is possible that those children living with no siblings are more vulnerable as they have no siblings to support them.
- In total there were 360 adults living in the 242 households. This includes: 134 one adult households and 202 adults living in two adult households.
- 155 of the 242 households included are those where all adults present are misusing drugs/alcohol. These are either lone parent households or households containing more than one adult, all of whom are misusing drugs/alcohol.
- 62 of the 242 are households where there is at least one adult **not** misusing drugs or alcohol. 118 children are living in these households. The adults in this type of household who are misusing show a greater tendency to misuse alcohol rather than drugs.
- In the 109 households which contained more than one adult, 33% (36) were known to be households where both adults are misusing drugs/alcohol.
- There are 271 children living in the 155 households where all adults present are misusing drugs/alcohol.
- Out of the 242 households identified, 231 had a 'mappable' postcode - 38 (16%) of these households were in Somerset's most deprived LSOA's – reinforcing the link between substance use and deprivation.

Key findings from the Turning Point caseload review element of the audit:

- From the 704 Turning Point client records reviewed, 40% (276) of the records had at least one child.
- 335 children were living with an adult who is a Turning Point client
- 21 of the 704 Turning Point clients were pregnant
- 78% (214) of clients who had children reported drugs as their primary problem.
- In cases where alcohol was the primary problem the clients were more likely to live with some of their children than clients whose main problem was drugs.

However, National Drug Treatment Monitoring System data for 2009/10 shows that out of a total of 1,385 records for clients of Turning Point, the data field which captures 'parental status' was not completed for 689 clients, almost half of the total.

What's currently happening?

Turning Point – drug and alcohol treatment service

Turning Point is the commissioned service to provide an integrated drug and alcohol treatment service for adults aged 18 years and over. As part of its developing programme of interventions it delivers a parenting group programme for its clients. This started in autumn 2010 with a pilot in Yeovil. Subject to evaluation it is intended that this will be delivered from all 4 main areas offices across Somerset.

Turning Point has two staff (one in the east and one in the west) with a specific responsibility for parenting & midwifery. Their role is to ensure care and referral pathways with Children and Families Social Care are operating effectively, ensure Turning Point's Parenting classes are delivered effectively and consistently across the service. They are also responsible with the Service Manager to ensure training and education in substance misuse, both formal and informal, including LSCB training modalities in drugs and alcohol awareness are delivered consistently and to a high standard.

The service works jointly with the two specialist substance misuse midwives in Somerset – running joint clinics to provide a more streamlined and effective service for this group of drug/alcohol users.

Turning Point and Children & Families Social Care work closely in partnership to reduce the risk associated drug or alcohol misuse/dependence for the parent and their child(ren). Both agencies agree to share information about progress and updates, attend case conferences or produce reports to support case conferences or multi-agency reviews. Turning Point produces court reports of their service users in relation to care proceedings with Children and Families Social Care. Turning Point carries out drug and alcohol tests in line with treatment requirements and supports Children and Families Social Care to carry out these tests for other purposes.

Substance misuse specialist midwives

The two acute hospitals in Somerset each have a specialist substance misuse midwife who is responsible for co-ordinating the antenatal, intra-partum and post natal midwifery care for women who use drugs in pregnancy or women who are misusing drugs in pregnancy.

The substance misuse midwives work closely with the consultant obstetrician, paediatrician, GP and community midwives when planning care for these women and their families as well as Turning Point.

Multi-agency protocol for working with substance misusing parents

In June 2009, Somerset LSCB approved the multi-agency protocol for working with substance misusing parents, *“What to do if you are worried that parents or carers are misusing drugs and/or alcohol – A Somerset multi-agency protocol”*.

Its purpose is to provide clear guidance to practitioners in any organisation who may come across parents or carers who have substance misuse problems, aiming:

- To increase understanding of the impact of adult substance misuse on children’s lives.
- To ensure specialist and universal services improve the identification of children in these situations.
- To ensure co-operation and joint decision-making between services
- To ensure that co-ordinated services are delivered to families in which there are dependent children of parents or carers, or pregnant women.

It was reviewed in September 2010 with minor amendments – and is hosted on the LSCB website. To support this protocol, the LSCB includes a specialist themed course, jointly delivered with Turning Point, in its annual training programme – *Substance misusing parents: impact on children*.

This protocol has supported increased joint working with families by agencies, which has meant an improved service for substance misusing parents and their children.

Group programme for the children of substance misusing parents

In 2010 Somerset DAAT, commissioned Somerset Young Carers Project to develop and pilot a service for young people affected by parental substance misuse. This became the HYYPE (Hidden Harm Group for Young People) Project. The main aim of the project was to provide support and prevention work for vulnerable young people affected by parental substance use, by developing an innovative group programme that is inclusive and child centred. The objectives of the groups focused on engagement, reducing isolation, raising awareness around parental substance misuse, and improving self-esteem and resilience.

Delivered by a multi-disciplinary staff team, two group programmes [one for young people aged 8-11 years and the other for young people aged 11-14 years] were piloted. The programme ran on the same weekday evening for ten consecutive weeks. Following a positive evaluation, it is partner’s intention to roll this programme out county wide from 2011/12.

Working with schools

Through the Healthy Schools Team information has been shared with schools on *The Include Project: Information for teachers and school staff on supporting young people with substance misusing parents* – this is a booklet produced by the Children’s Society for schools to raise awareness of some of the issues experienced by children and young people, due to their parent’s problematic substance misuse. It also gives suggestions for good practice and identifies support.

A recent audit carried out with schools as part of the development of Somerset’s substance use education and prevention strategy highlighted that from the 37 school responses there is a need for additional support and guidance in responding to hidden harm, even though the majority of schools assessed themselves as having a basic awareness of the issues.

Priorities for Action

To achieve aim of the strategy to improve the outcomes for both the children and young people who are affected by a parents or carers drug or alcohol misuse and the drug/alcohol misusing parent, will require action by a wide range of agencies across Somerset. These actions have been grouped into 6 priority areas. Detailed actions to deliver each of the priorities will be included in the DAAT adult & YP plans.

1. A joint strategic lead to ensure that all relevant agencies are enabled and encouraged to share responsibility for furthering the Hidden Harm agenda, in a co-ordinated and integrated way.

- Maintain the joint working group that links strategic partnerships for drugs and alcohol, children & families and safeguarding through the DAAT adult treatment advisory group structure – see diagram in governance section.
- Develop a co-ordinated framework for reporting outcomes of the work to address Hidden Harm.

2. An accurate up-to-date demography in Somerset of Hidden Harm in relation to drug and alcohol misuse in order to inform service development and reconfiguration in line with specific needs.

- Agreement of a minimum dataset *for non-substance misuse organisations* reporting the number & profile of:
 - substance misusing parents including *de facto parents* where an adult lives with the parent of a child or the child alone
 - children & young people affected by that misuse
 - significant others in the household e.g. siblings, aunts/uncles, grandparents etc
- Improve the data recording and reporting *of substance misuse services* on substance misusing parents including *de facto parents* where an adult lives with the parent of a child or the child alone and children & young people affected by that misuse.
 - *For Turning Point*: this needs to be in line with NDTMS data collection fields and client records on CIM (Turning Points data collection system).
 - *For Substance Misuse Specialist Midwives*: this needs to mirror NDTMS data collection fields as much as is relevant and reflect the functions of the specialist role

- *For Young People's Substance Misuse Treatment Service:* this needs to be in line with NDTMS data collection fields and client records on RIO (Somerset Partnership NHS Foundation Trust's data collection system).
 - Schools will frequently be aware of children who are subject to Hidden Harm before they come to the attention of other agencies. Working jointly with schools to agree a method of identifying these children which is both practical and sustainable.
 - Improve outcomes for parents in treatment for drug & alcohol misuse and maintain assessment of performance via contract review process
 - Establish a mechanism for assessing the effectiveness of service responses
- 3. Maintain the regular review of Somerset's multiagency protocol to ensure it is effective in responding to the needs of children and parents associated with parental substance misuse**
- Commit to annual review of the protocol on a multi-agency basis linking with current guidance & best practice and the views/experiences of parents & children
 - Ensure that the protocol promoted and used across all partner agencies
- 4. Develop the joint working arrangements between services ensuring there is a shared language, consistent practices and agreed processes across Somerset.**
- Promote the use of LSCB MAPIGs (multi-agency practitioner interest groups) as a vehicle to raise awareness.
 - Ensure that substance misuse services are fully engaged with initial & review child protection case conferences
 - Continue to develop the joint working arrangements between drug and alcohol treatment service and specialist substance misuse midwives
 - Continue to develop the joint working arrangements between drug and alcohol treatment service and Somerset children's centres
 - Roll out the model of the HYYPE (Hidden Harm Group for Young People) Project across Somerset through the lead by the substance misuse workers in the Targeted Youth Support Service working jointly with other staff especially specialist young carers.

- Explore the potential of developing a lead practitioner model to strengthen the multi-disciplinary team approach when working with substance misusing parents

5. Develop user involvement in the implementation of the Hidden Harm strategy by children, parents and families.

- Ensure that parents, children and families views are incorporated in the future planning and commissioning of services
- Raise awareness about the harm caused to children as a result of parental substance misuse and increase knowledge about personal actions to be taken and the services available when required, to address the problem

6. Ensure the development of practitioners to have the necessary skills for early identification, assessment and intervention and that the workforce is competent in safeguarding.

- Ensure all substance misuse treatment service staff are competent and confident in safeguarding procedures and approach all clients with a 'think family' approach recognising that the needs of the child are paramount.
- Ensure all staff working with children & families are competent and confident at early screening and assessment for parental substance misuse.
- Ensure staff receive child protection training at a level appropriate to their experience and responsibility and with reference to the LSCB Training Strategy.

Governance

This Strategy is supported by a delivery plan, which will be progressed by a joint multi-agency group of practitioners linked to the Drug and Alcohol Partnership Adult Treatment Advisory Group (ATAG). The aim is to minimise number of separate groups, making better use of the time practitioners come together.

The outcomes of the work would also be reported to LSCB annually as part of performance indicators reporting framework.

The intention is that the ATAG meeting will be structured with specific sections focussed on key theme areas one of which will be Hidden Harm and progress against the actions set out in this strategy.

